NOTICE OF DELE For use of this form, i	DATE 29 Jun 96				
		AUTHORIZED R	EPRESENTATI	VE(S)	and the second s
ORGANIZATION RECEIVING SUPPLIES Co B, 2/16th Inf			LOCATION Ft Wood, MO		
LAST NAME FIRST NAME MIDDLE INITIAL		SOCIAL SECURITY NUMBER	AUTHORIT REQ R	EC.	SIGNATURE AND INITIALS
Radford, Markus E					Mackes E Rulford HER
Nothing Follows					•
			i		
	/				
	AUTHORIZAT	ION BY RESPONSIBLE SU	PPLY OFFICER	OR AC	COUNTABLE OFFICER
THE UNDERSIGNED HEREBY DELEGATES TO WITHDRAWS FROM THE PERSONISI LISTED ABOVE,					
THE AUTHORITY TO: Initial colum			high prior	ity re	quests, (UND A and B)
REMARKS					
		I ASSUME FUL	L RESPONSIB	LITY	
UNIT IDENTIFICATION CODE WA2HAA			DODAAC(ACCOUNT NUMBER		
LAST NAME-FIRST NAME-MIDDLE INITIAL	GRADE	TELEPHONE NUMBER	EXPIRATION DA	TE	SIGNATURE
Traylor, John H.	Maj	(804) 734-1617	28 Jun	97	dothe ed. traylor

DA FORM 1687, JAN 82

EDITION OF DEC 57 IS OBSOLETE.